

## MISSOURI DIVISION OF HEALTH - STANDARD CERTIFICATE OF DEATH

63-048741

DO NOT WRITE  
ON THIS STUB

AMENDED

Registration District No.

210

Primary Registration District No.

5768

Registrar's No.

86

STATE FILE NUMBER

FILED DEC 26 1963

1. PLACE OF DEATH a. COUNTY <b>Mercer</b>		2. USUAL RESIDENCE (Where deceased lived. If institution: Residence before admission) a. STATE <b>Missouri</b> b. COUNTY <b>Mercer</b>	
b. CITY (If outside corporate limits, give TOWNSHIP only) OR TOWN <b>rural - Harris</b>		c. CITY OR TOWN <b>rural - Harris</b>	Inside Limits Yes <input type="checkbox"/> No <input checked="" type="checkbox"/>
c. FULL NAME OF (If NOT in hospital, give location) HOSPITAL OR INSTITUTION		d. STREET ADDRESS <b>R.F.D. Harris,</b>	Reside on Farm Yes <input type="checkbox"/> No <input type="checkbox"/>
3. NAME OF DECEASED (Type or print) <b>ALBERT GALE PARMENTER</b>			4. DATE OF DEATH Month <b>December</b> Day <b>20</b> Year <b>1963</b>
5. SEX <b>Male</b>	6. COLOR OR RACE <b>White</b>	7. Married <input checked="" type="checkbox"/> Never Married <input type="checkbox"/> Widowed <input type="checkbox"/> Divorced <input type="checkbox"/>	8. DATE OF BIRTH <b>9/21/1908</b>
10a. USUAL OCCUPATION (Give kind of work done during most of working life, even if retired) <b>Farmer</b>		10b. KIND OF BUSINESS OR INDUSTRY <b>grain &amp; Stock</b>	9. AGE (last birthday) <b>55</b>
11a. FATHER'S NAME <b>Edward Franklin Parmenter</b>		11b. MOTHER'S MAIDEN NAME <b>Viola Rosenberg</b>	12. CITIZEN OF WHAT COUNTRY <b>U.S.</b>
13a. WAS DECEASED EVER IN U.S. ARMED FORCES? (Yes, no, or unknown) (If yes, give war or dates) <b>no</b>		13b. SOCIAL SECURITY NO. <b>9</b>	14. NAME OF HUSBAND OR WIFE <b>Dorothy Parmenter</b>
15. CAUSE OF DEATH (Enter only one cause) PART I. DEATH WAS CAUSED BY: IMMEDIATE CAUSE (a) <b>Coronary Thrombosis</b> Conditions, if any, which gave rise to above cause (a), stating the underlying cause last. DUE TO (b) <b>Diabetes mellitus</b> DUE TO (c) <b>10 yrs</b>		16. INTERVAL BETWEEN ONSET AND DEATH <b>20 min</b>	
PART II. OTHER SIGNIFICANT CONDITIONS CONTRIBUTING TO DEATH but not related to the terminal disease condition given in PART I (a)			PART III. If deceased was female was there a pregnancy in last 90 days. <input type="checkbox"/> Yes <input type="checkbox"/> No <input type="checkbox"/> Unknown
19. WAS AUTOPSY PERFORMED? YES <input type="checkbox"/> NO <input checked="" type="checkbox"/>	20a. ACCIDENT <input type="checkbox"/> SUICIDE <input type="checkbox"/> HOMICIDE <input type="checkbox"/>	20b. DESCRIBE HOW INJURY OCCURRED. (Enter nature of injury in PART I or PART II of item 18.)	
20c. TIME OF INJURY Hour <b>11:30</b> a.m. <b>12:20</b> p.m.	20d. INJURY OCCURRED WHILE AT WORK <input type="checkbox"/> NOT WHILE AT WORK <input type="checkbox"/>	20e. PLACE OF INJURY (e.g., in or about home, farm, factory, street, office bldg., etc.)	20f. CITY, TOWN, OR LOCATION <b>Harris, Missouri</b>
21. I attended the deceased from <b>11/30/62</b> to <b>12/20/63</b> and last saw him live on <b>12/20/63</b> Death occurred at <b>11:30 P.M.</b> on the date stated above, and to the best of my knowledge, from the causes stated.		22c. DATE SIGNED <b>12.21.63</b>	
22a. SIGNATURE <b>W. H. Huse</b>	22b. ADDRESS <b>Harris, Missouri</b>	22c. DATE SIGNED <b>12.21.63</b>	
23a. BURIAL, CREMATION, REMOVAL (Specify) <b>Burial</b>	23b. DATE <b>12/22/1963</b>	23c. NAME OF CEMETERY OR CREMATORY <b>Harris Cemetery</b>	23d. LOCATION (City, town, or county) (State) <b>Harris, Missouri</b>
24. FUNERAL DIRECTOR <b>Martin &amp; Azbell Funeral Home</b>		25. DATE RECD. BY LOCAL REG. <b>12-21-63</b>	26. REGISTRAR'S SIGNATURE <b>W. H. Huse</b>
27. (Licensed Embalmer's Statement on Reverse Side) <b>Lyman Azbell</b>			

AMENDMENTS ON THIS RECORD ARE AS FOLLOWS

INSTEAD OF

SHOULD READ

DOCUMENT

MEDICAL CERTIFICATION

BY AFFIDAVIT OF

USE BLACK INK  
OR  
TYPEWRITER RIBBONVS 300  
Rev. 4/59

DATE AMENDED

ITEM NO.

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VS 300

Rev. 4/59

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Rev. 4/59

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11-11-11-11

RECEIVED

JAN 8 1964

JAN 2 1964

STATEMENT BY LICENSED EMBALMER

I hereby certify that the body whose name is recorded on the reverse side of this certificate was embalmed by me,  
or by \_\_\_\_\_, Student Embalmer No. \_\_\_\_\_  
working under my personal supervision.

Student \_\_\_\_\_  
Signature of Student Embalmer

Signed Lyman Ogden

Licensed Embalmer No. 5020

P. O. Address Princeton, Mo.

Note: The above MUST BE SIGNED BY THE LICENSED EMBALMER in his OWN HANDWRITING. (Failure to comply with the above constitutes grounds for revocation of license).  
If embalmed by a STUDENT, he also shall sign in his OWN handwriting.  
If this body is not embalmed, fact should be so stated above.

None other than M. M.